AMPAIGN CONTRIBUTIONS AND EXPENSES	S REPORT		S	tate of Nevada
	if applicable)	AYOR	Di	strict (if applicable)
	506		Telephone No.	4.60
Peno IV. 8950		***************************************	32	2-3586
ect Appropriate Box(es)	□BAG □	POLPRTY IND E	(P NONPROFI	TCORP
AMENDED ANNUA		ETITIONERS WHO INI OR EXPEND FUNDS IN		ETITION & RECEIVE
Annual Filing - Due January 15, 2006 Period: January 1, 2005 - December 31, 2005				
Report #1 — Due August 8, 2006* Period: Jan. 1, 2006 — Aug 3, 2006				
Report #2 Due — October 31, 2006* Period: Aug. 4, 2006 — Oct. 26, 2006		g	ECVD-RENO	ሶፕV ድተመው
Report #3 Due — January 15, 2007*/** Period: Oct. 27, 2006 — Dec. 31, 2006		· ·	AN1607F	MO4:22
Annual Filing - Due January 15, 2007 Period: January 1, 2006 - December 31, 20	006		FOR OF	FICE USE ONLY
* These Reports are filed by incumbents/cand ** Third Report suffices for 2007 Annual Filing	idates runni if candidate	ng for office in the	2006 election cy	cle
CONTRIBUTIONS SUMMARY			This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
Total Monetary Contributions Received in Excess of \$16 (See page 1 of instruction sheet)	00		933°	7218.65
Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)			165	2994 "-
Total Monetary Contributions in the form of loans guard party. (See page 2 of instruction sheet)	anteed by a thir	đ		
Total Monetary Contributions in the form of loans that w (See page 2 of instruction sheet)	vere forgiven			
(This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
5. Total Amount of Monetary Contributions Received				10001
(Add Lines 1 through 4) (See page 2 of instruction sheet) 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)				10212.65
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)		Ø	•	
EX	XPENSES S	UMMARY	•	
Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)			2835.93	9578.10
Total Monetary Expenses Paid of \$100 or Less			185 =	
(See page 2 of instruction sheet) 10. Total Amount of All Monetary Expenses Paid				302.86 9880.96
(Add Lines 8 and 9) (See page 2 of instruction sh 11. Total Value of In Kind Expenses in Excess	eet)	1		1800.76
of \$100 (See page 3 of instruction sheet)				
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15th				
day of the second month after candidates defeat or incumbent does not run for reelection)	A Miles	101		
(See page 3 of instruction sheet)	321	1.69 (WILL	donate to	Holland P
I Declare Under Penalty of Perjury That the Fo	AFFIRMA regoing is T			
4.6/11/11	·			
nature			Date	
01.doc Revised: Se	p-05	PA		AND, ERI

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سكا المناك	HOUAND
Name (print)	

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	Name and address of 3 ^{RO} Party IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
EPIK HOLLAND 17 S. Urginio #506 Deno, N. 89501	10 27 - 111 07 Cumalative)	61800			
AMY-LOUISE MAZZA 2465 Sagi-faurious Dr.	Cumalutive) 11/4/06 11/5/06	618° = 100 = 165° = 165			
Pew NV. 8950G SARA Erwine 1430 JOANNIE CT Rens NV. 89509	11/4/06	1650			
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PAGE 2 OF 5

Rep

ERIK HOLLAND Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
LEOPARD PRINTING 430 Stoker Ave peno, NV. 89503	D	11/9/06	1300 00
power media p.o. box 40372 RENO, NV. 89504	D	11/6/06	1200=
STATE OF NEUROA TAXATION P.O.BOX 52609 Phoenix AZ 85072	H	1/12/07	107.32
STATE OF NEUMAN TAXATION P.O. BOX 52609 Phoenix, AZ 85072	High section of the s	1/12/07	36.56
STATE OF MEUROA TAXATION P.O. BOX 52609 Phoenix, AZ 85072	H	1/12/07	192.05
,			
	An Andrews	***************************************	
		4	

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PAGE_______OF_____

EL201,doc

Revised: Oct-05

ERIK HOLLAND

Reno MAYOR

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{RO} PARTY IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
,				,	y yes	
			none			
				1		
						<u></u>

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#3

ERIK HOWAND

peno

MAYOR

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		More	
	\		
		\.	

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362

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